

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Elizabeth Frazer</i>		Town <i>Near Silbyport</i>		County <i>Garrett</i>		State <i>MARYLAND</i>	
Died at <i>Near Silbyport</i>		Month <i>Sept. 17</i>		Day <i>19</i>		Years <i>88</i>	
Date of death 1903 <i>Sept. 17</i>		Months <i>7</i>		Days <i>7</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Married, Single or Widowed <i>widow</i>		Occupation <i>Housewife</i>					
Name of Wife or Husband <i>don't know</i>							
Father's Name							
Mother's Maiden Name							
Name of person giving information <i>M. C. Frazer</i>							
Father's Birthplace							
Mother's Birthplace							
How related to deceased							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>old age</i>		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>M. C. Frazer</i>	
		Address <i>Friendville, Md</i>	
Accident or Suicide?			

2



Name
in
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CERTIFICATE OF DEATH

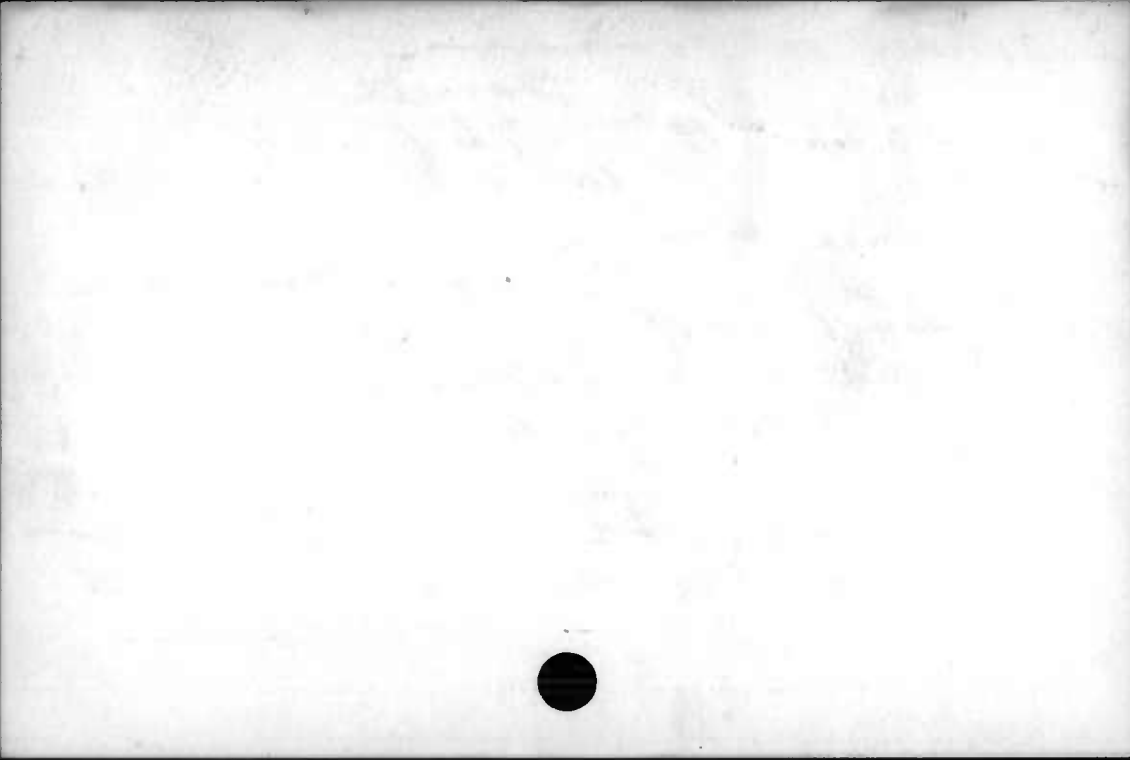
TO BE ANSWERED BY
NEAREST FRIEND

Died at Deer Park		Town Deer Park		County Garrett		State MARYLAND	
Date of death 1903	Month Feb	Day 17	Age 18	Years	Months	Days	
Sex Female	Color or Race White		Birth-place Garrett Co				
Married, Single or Widowed Single		Occupation Servant Girl					
Name of wife or husband							
Father's Name Calvin Gilkin				Father's Birthplace Do not know			
Mother's Maiden Name Do not know				Mother's Birthplace " " "			
Name of person giving information Wilford Chatterton				How related to deceased Brother in law			

CAUSES OF DEATH

Primary Consumption	How long 5 months
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Dr. Ginner
yes	Address Deer Park
Accident or Suicide?	MA

PHYSICIAN
OR CORONER



Name
in
Full

Mary H. Graham X

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1903		Sept	19	76		4	
Sex	Color or Race			Birthplace			
F	W			Ocean Md			
Occupation	Where Residing if not at place of death						
Dance woman							
Married, Single or Widowed	Name of Wife or Husband						
Widowed			Frank Graham				
Father's Name	Father's Birthplace						
Jesse Neff			Ocean Md				
Mother's Maiden Name	Mother's Birthplace						
Elizabeth Hoffman			Cumberland Md				
Name of person giving information	How related to deceased						
C. C. Graham			His Son				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Cancer of Intestine	Don't Know
Immediate	How long
Intestinal obstruction & Exhaustion	4 weeks
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	D. J. Griffith
	Address
Accident or Suicide?	

W & M
allie Ann

Name
in
Full

Zackariah Hendrickson

CERTIFICATE OF DEATH

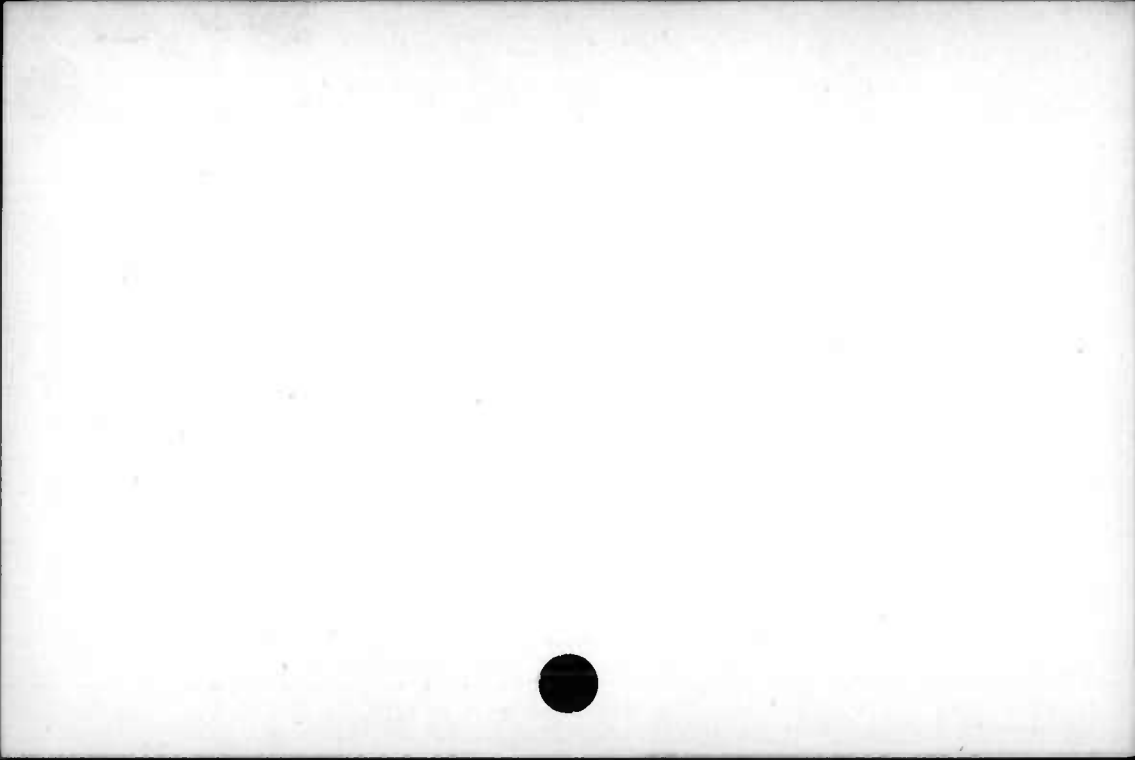
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Marlboro</u>		Town <u>Marlboro</u>		County <u>Garnett</u>		MAYLAND	
Date of death 1903	Month <u>Sept</u>	Day <u>3</u>	Age <u>86</u>	Years	Months	Days	
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place				
Married, Single, or Widowed			Occupation				
Name of Wife or Husband <u>Keturah Hendrickson</u>							
Father's Name <u>—</u>				Father's Birthplace <u>—</u>			
Mother's Maiden Name <u>—</u>				Mother's Birthplace <u>—</u>			
Name of person giving information <u>Abraham Munn</u>				How related to deceased <u>son in law</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>old age</u>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>D. A. H. H. H. H.</u>
<u>yes</u>		Address <u>Garnett</u>
Accident or Suicide?		



Name
is
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary Elizabeth Hoyal* **X**

Town *Mt Lake Park* County *Garrett*

Died at *Mt Lake Park*

Date of death 190 *3* Month *Sept* Day *3* Age *58* Years Months *0* Days

Sex *Female* Color or Race *white* Birth-place *Garrett Co*

Married, Single or Widowed *Married* Occupation

Name of Wife or Husband *Samuel C. Hoyal*

Father's Name *David Hoyal* Father's Birthplace *Allegheny*

Mother's Maiden Name *Elizabeth* Mother's Birthplace *"*

Name of person giving information How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Heart disease* How long *—*

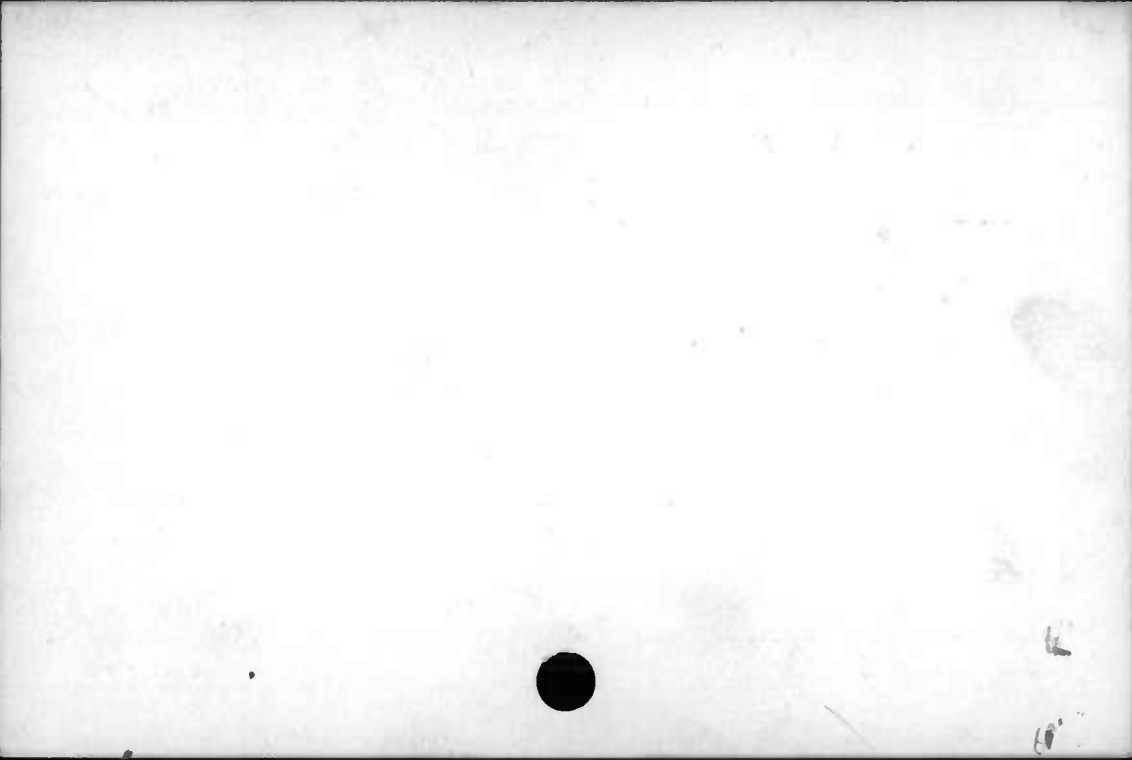
Immediate *"* How long *"*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Dr. Kemberly*

Address *Garrett Co*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Near Mt. Lake Park

Town

County

MARYLAND

Date

of death 1903

Month

Day

Years

Months

Days

Age

Sex

Color or
RaceBirth-
placeMarried, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Christian Orendorf

CERTIFICATE OF DEATH

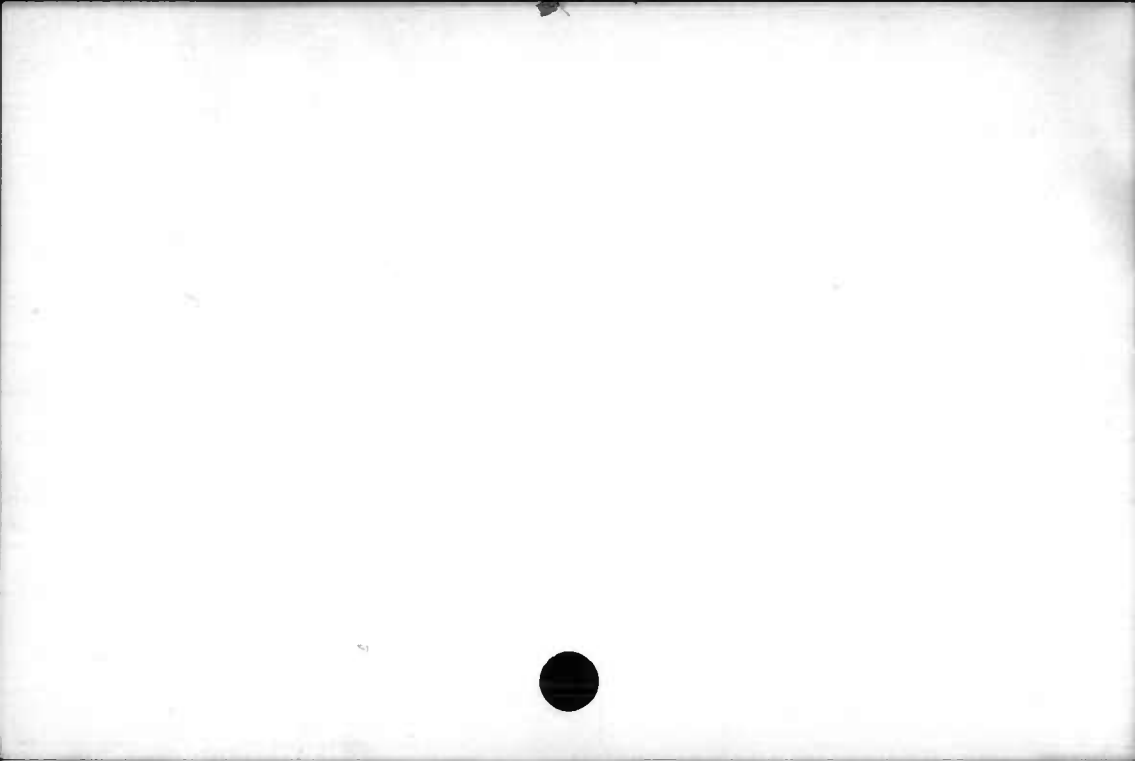
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Buttingers</i>		Town		<i>Danett</i>		County	
Date of death 1903				Month <i>Sept</i>		Day <i>28</i>	
Age <i>68</i>				Years		Months <i>8</i>	
Sex <i>Male</i>				Color or Race <i>White</i>		Birth-place <i>Germany</i>	
Married, Single or Widowed <i>Married</i>				Occupation <i>Farmer</i>			
Name of Wife or Husband <i>Mary Orendorf</i>							
Father's Name <i>Christian Orendorf</i>				Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Barbara Swartzkammer</i>				Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>Mrs Noah Brunneman</i>				How related to deceased <i>daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Rheumatism</i>	How long <i>6 months</i>
Immediate <i>Heart disease</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. L. Evans</i>
	Address <i>Grantsville Md</i>
Accident or Suicide? <i>2</i>	



Name In Full

Certificate of Death

No 6

Mrs. Henry G. Sanders

Died at ^{Town} her Home, ^{County} Garrett.

MARYLAND

Date 1903 ^{Month} Sep. ^{Day} 14 Age ^{Y.} 65. ^{M.} 3. ^{D.} 23

^{Native of} ^{Occupation} Hoarsework

^{Male} ^{White} ^{Married} ^{Widow} ^{Divorced} ^{Number of children living} 8

^{Female} ^{Colored} ^{Single} ^{Widower}

^{Husband} of Henry G Sanders

^{Wife}

^{Father's} ^{Mother's}

Name Thomas Moan Maiden Name

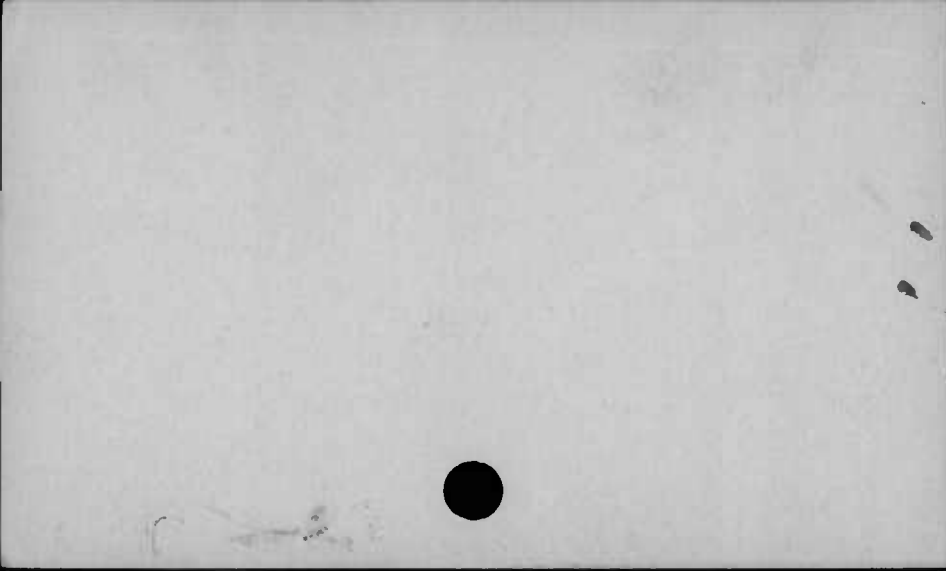
^{Cause of} ^{Primary} Dysentery ^{How long sick} 14. ten days

^{Death} ^{Immediate} Heart failure ^{Accident, Suicide, Homicide}

^{Reported by} J. Gilbert Selby

^{Address} Eglon W. Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
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Full

Dallas Sims X

CERTIFICATE OF DEATH

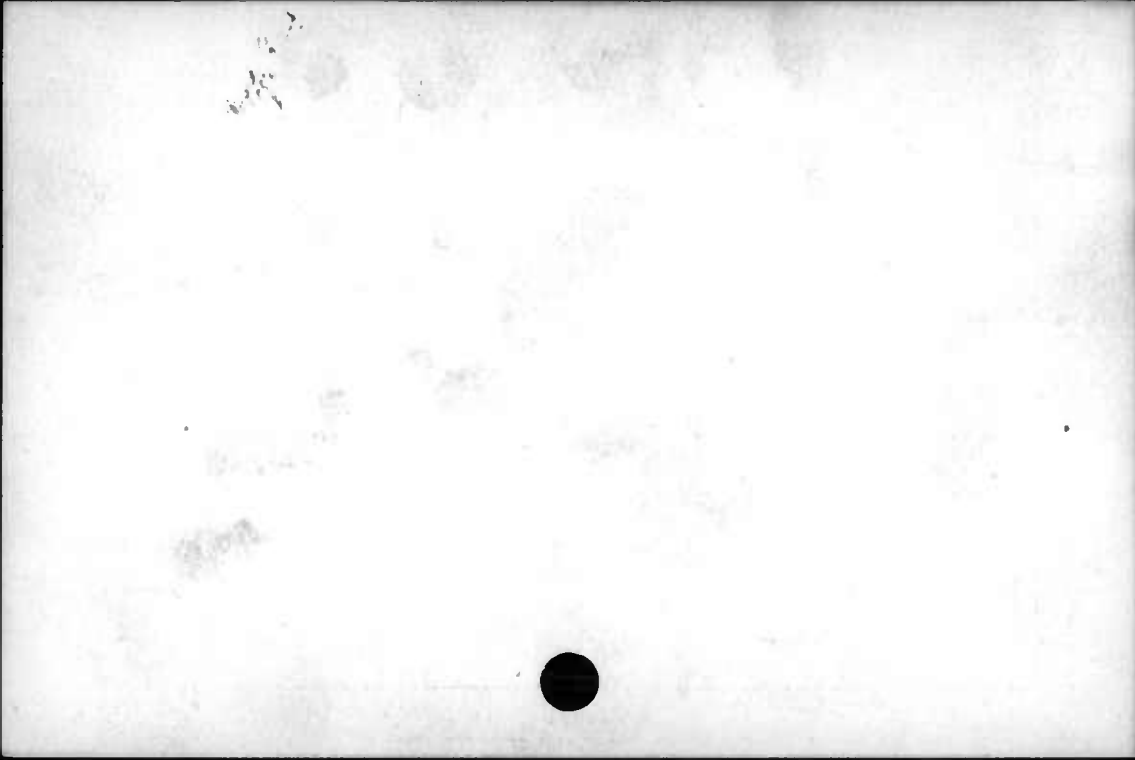
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near MD Lake</i>		Town <i>Garrett</i>		County		MARYLAND	
Date of death 190 <i>3</i>		Month <i>Feb</i>		Day <i>16</i>		Age <i>21</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Near MD Lake</i>			
Married, Single or Widowed <i>Single</i>				Occupation			
Name of Wife or Husband							
Father's Name <i>James H Sims</i>				Father's Birthplace <i>W Va</i>			
Mother's Maiden Name <i>Auldah Sims</i>				Mother's Birthplace <i>Garrett Co</i>			
Name of person giving information <i>L W Moore</i>				How related to deceased <i>Uncle</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Whooping Cough</i>		How long <i>7 days</i>	
Immediate <i>Strangulation</i>		How long <i>Treatm 1 day</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. S. Newman</i>	
		Address <i>Oakland</i>	
		<i>Garrett co Md</i>	
Accident or Suicide?			



Name

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CERTIFICATE OF DEATH

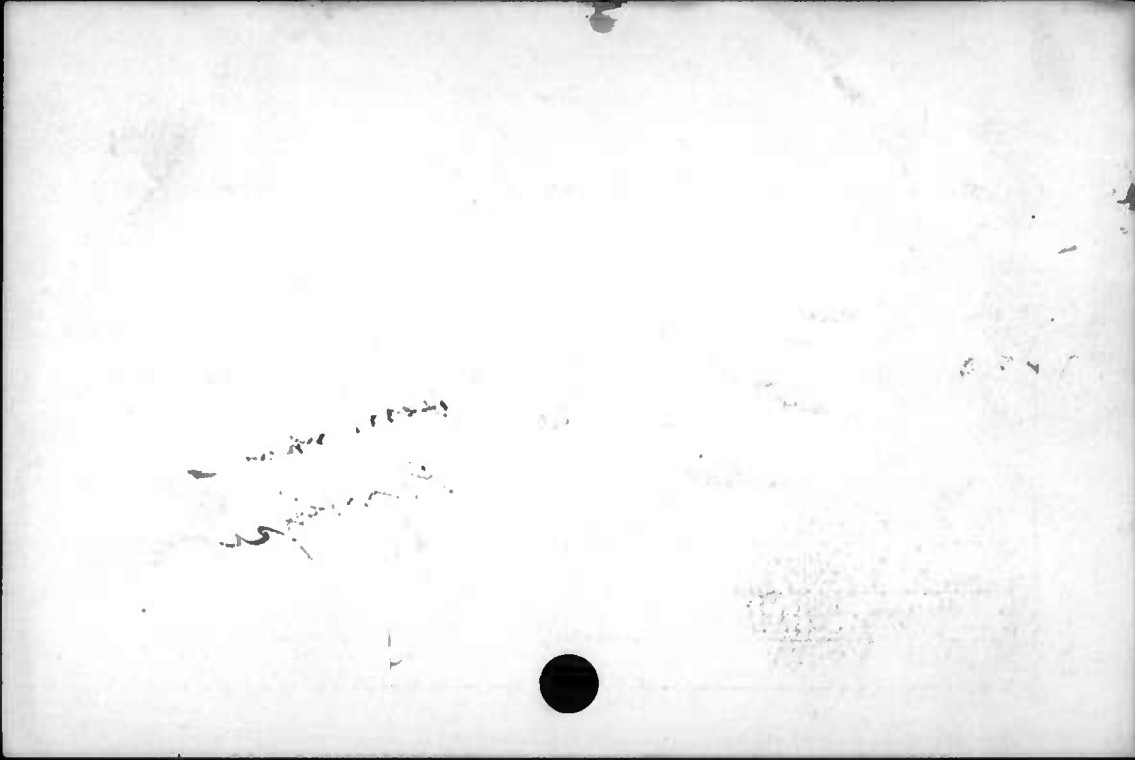
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month		Day		Age	
of death 190		Sept		23		56	
Sex	Female	Color or Race	White		Birth-place	Granville	
Married, Single or Widowed	Married		Occupation		Housewife		
Name of Wife or Husband		Miss Ella Sheridan					
Father's Name		Charles Balder		Father's Birthplace		Granville	
Mother's Maiden Name		Marrah Shiner		Mother's Birthplace		Calhoun Co	
Name of person giving information		D & Balder		How related to deceased		Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Hemorrhage of Brain		How long	8 hours
Immediate	Paralysis		How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		M. C. Hurlburt		
		Address		
		Oakland		
		md		
Accident or Suicide?				



Name In Full

Certificate of Death

Della Sisker

Died at

Red House

County

Gant

MARYLAND

Date 1903

Sept 15

Age

4-22

Maryland

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

John Sisker

Maiden Name

Clara Fike

Cause of

Primary

Dysentery

How long sick

3 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

A R Fike

Address

Ogden

M Va

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Mary Frances Sturges

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Corrland* Town

County

Isant

MARYLAND

Date of death 1903 *Sept* *22* *Age* *14* Months DaysSex *Female* Color or Race *white*Birth-
place*Corrland Md*Married, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's Name *Alfred G Sturges*Father's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

Typhoid Fever

How long

3 weeks

Immediate

Pneumonia

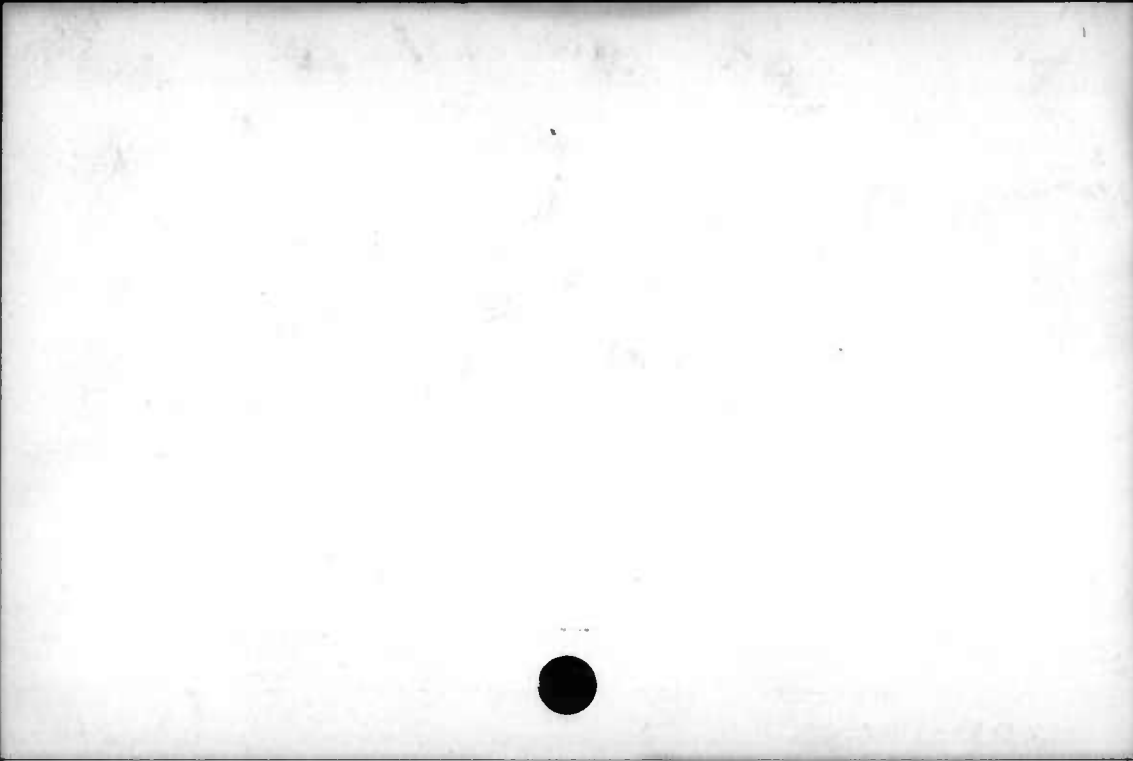
How long

*2 days*Are the name, age, sex, color, date
and place correctly given above?*y/s*Signature of
Physician*M C. Hiebaugh*

Address

*Corrland
Md*PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

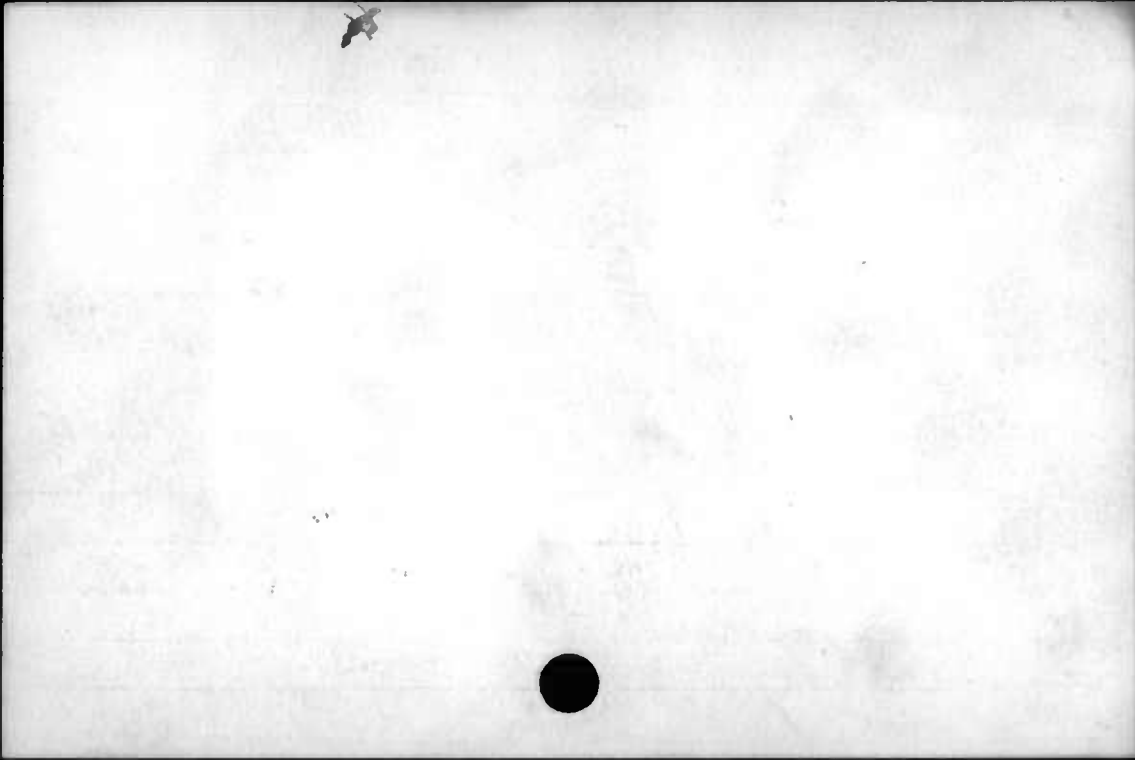
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Elizabeth Ellen White</i>		Town <i>Oakland</i>		County <i>Barrett</i>		STATE <i>MARYLAND</i>	
Died at		Date of death 1903		Month <i>Sept</i>		Day <i>twelfth</i>	
Age <i>50</i>		Years		Months <i>6</i>		Days <i>10</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>Seamstress</i>					
Name of Wife or Husband		Father's Name <i>Rowan White</i>		Father's Birthplace <i>Pearra</i>			
Mother's Maiden Name <i>Margaret White</i>		Mother's Birthplace <i>Ind</i>		How related to deceased <i>Brother</i>			
Name of person giving information <i>J R White</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic Nephritis</i>	How long	<i>5 mo</i>
Immediate	<i>"</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. W. Thomas</i>	
<i>Yes</i>		Address <i>Oakland Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Waffie Zwall* X
 Died at *Sandy Flats* ^{Town} *Gornet* ^{County} **MARYLAND**
 Date of death 190 *3* ^{Month} *Sept* ^{Day} *30* ^{Years} *2* ^{Months} *—* ^{Days}
 Sex *Female* Color or Race *White* Birth-place *Ida*
 Married, Single or Widowed *Single* Occupation *none*
 Name of Wife or Husband *—*
 Father's Name *Lawrence Zwall* Father's Birthplace *Germany*
 Mother's Maiden Name *Rebecca Knox* Mother's Birthplace *Ida*
 Name of person giving information *Lawrence Zwall* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Concussions* How long *2 weeks*
 Immediate *—* How long *—*
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *W. L. Linn*
 Address *San Port*
 Accident or Suicide? *—*

